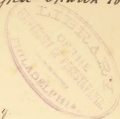


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Paper March 1826

An
Inaugural Essay
on
Dysentery.

By
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of
Delaware.
March 14th 1826—

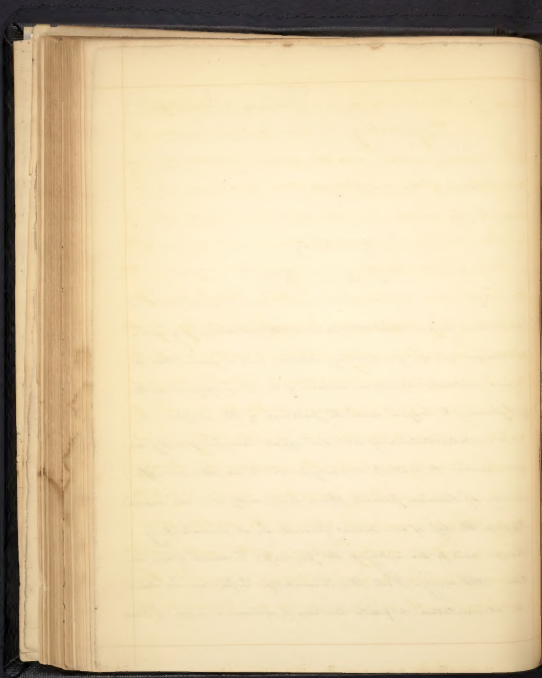


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Dysentery.

Amongst the greatest punishments visited on man is dysentery. And the subject of the following remarks is by no means one of a trifling nature; but it is one, that in many instances requires an exercise of all the judgment of the physician to conquer, and the patience of the sufferer to bear. Notwithstanding all our efforts how frequently are we doomed to witness its ravages, and to see the insufficiency of human power. How frequently are we doomed to see the loss of our dearest friends by its unrelenting hands; and to see destroyed the principle bulwark of our nation - the army. With this knowledge before us we should be stimulated to greater exertions to discover a mode of treat-



ment by which we may divest it of some of its mortality.

Dysentery has been defined a disease of a contagious nature; and this opinion imbibed by many practitioners of this enlightened time has added new horrors to the disease. How often do we find relation, phrening relation; and friend abandoning friend to the incursions of the ruthless foe, under the ignorant and false impression that the disease will be transferred to them. This opinion I pronounce wholly unfounded. We might as well say any other fever of an inflammatory nature is contagious as to say the one under consideration is. I would ask, what is dysentery? A fever determined to the bowels. Is the determination to the stomach and alimentary canal rendered it contagious? Is the mucous and bloody discharges, consequent on irritation, rendered it so? So I say, these circumstances change the nature of a simple inflammatory ^{fever}, into one of the most horrible diseases to which the human family is subject? This is sophistry in the extreme, cruel and ignorant; &c.

grading the high standing of medical knowledge. It has been advanced by a late writer that the disease assumes the contagious form under certain circumstances. As for instance, when the fever assumes the real Typhus form. This I will not pretend to deny. That a patient may impart the disease, while labouring under Typhus symptoms, to one who at the same time is exposed to the predisposing causes is very probable. But ordinary dysentery has no such appearances, as it occurs in private practice. The finds the disease complicated with Typhus in camps or crowded marine and land hospitals. What arises under these circumstances would not prove contagious. Hundreds of unhappy beings crowded together in a small space rendering the air as impure as that which arises from sepulchral putrefaction; and added to this there is very frequently a great want of ventilation in our receptacles for the sick which confines the fumes and

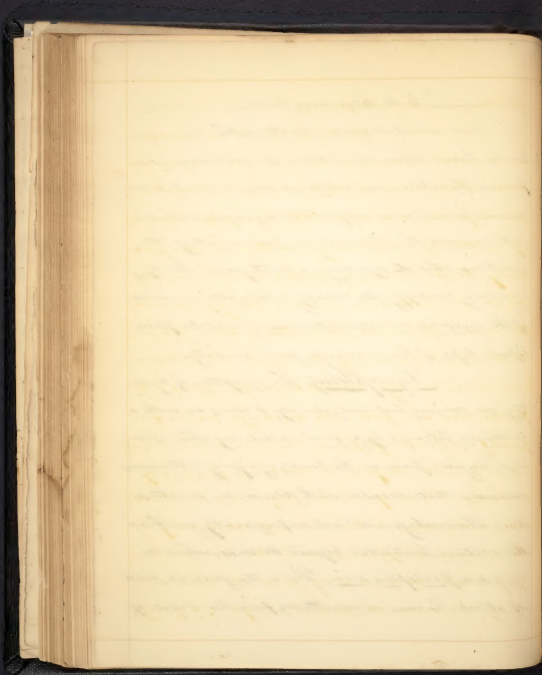
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"It the total seems faint.

And assimilate and long with death."

But, as I said before, this seldom or never occurs in private practice, and when it does, it should be considered merely as an exception to a general law, and not warrant the physician in promulgating the doctrine that ~~the~~ dysentery is contagious; thereby, rendering unhappy the already miserable moments of the sufferer; and, also depriving him of the principal hope of his recovery - good nursing.

Symptoms. The symptoms of dysentery are various but most generally it comes on with a chilliness followed by a fever; a hot, dry skin; feverish tongue; pain in the bowels; griping; tenesmus; mucous stools streaked with blood; and sometimes there is hemorrhage - and not infrequently we find the rectum protruded beyond the anus, which is called a prolapseus ani. This is the general mode of attack; however, we sometimes find the local af-



fection preceding the fever. —

If the disease be not arrested in its career, it assumes the most alarming appearance. There is considerable prostration of strength, quick pulse, cold extremities, hiccup &c. These are symptoms of an alarming nature, and are generally the precursors of death; but, not invariably so, for we sometimes see recoveries taking place under the most unfavourable circumstances. When it is about to terminate favourably the tongue, which before was turned red dry, becomes clean, and moist, the pulse slow and full, the discharges not so frequent and with less pain; the skin becomes relaxed and moist. the pain in the bowels gradually subsides. The inexperienced physician, in this disease, is sometimes led into a fatal error by the sudden disappearance of the last mentioned symptoms. He frequently finds the pain suddenly cease and the patient in hopes of a speedy



recovery; but how vain is the hope 'for ever' on the basis of ignorance. Instead of finding his patient recovering, he discovers his fatal error too late, and sees with pain and disappointment his prospects blighted and his patient a victim to Spasms.

Cases. The causes of dysentery are exceedingly numerous: one kind is produced by all those which give rise to our autumnal fevers; by impudence in eating or drinking; sleeping in damp places; wearing damp clothes; exposure to the sun through the day and a moist atmosphere at night. That it is produced by contagion I have already noticed, except under limited circumstances. Some have said that it is produced by excretions and secretions. But this is by no means the case. They would seem not at all adequate to the fulfilment of such a purpose. Did the urine, Saliva prove the source of the disease, then we should have it as diversified in its nature as the



causes are different, and we should have it occurring in various forms. But we find it always the same, only, as it is influenced by a difference in constitution, and a gradation of force. Moreover it has been fully shown that dysentery may be propagated although the utmost cleanliness be observed. What then are we to infer, but that, as in Typhus fever, the pores on the surface of the body take on a secretory function and elaborate a contagious matter.*

Dr Chapman in the early part of his lecture admits this being a contagious disease; I therefore presume that he here means, that the pores on the surface secrete this contagious matter only when the fever is purely typhus. Under ordinary circumstances I think the opinion of its being contagious arises simply from the following cause. The nurses and attendants on the sick become debilitated and



... by frequent watching; and through impu-
dence they expose themselves to the common cause
of the disease; the system being in a state of pre-
disposition the causes act and they sicken. it is then
attributed to contagion.

Treatment. The indications
of cure are sufficiently obvious from what has been
said. We are in the 1st place to subdue inflam-
mation. 2^d to remove spasm. 3^d to quiet irrita-
tions.

If we are called in the first stage
of the disease we will sometimes find the pulse
tense and hard; under these circumstances few
I think would hesitate in regard to the propri-
ety of blood letting. The extent to which it must
be carried is to be governed by the pulse, the pain,
and other circumstances, but generally fifteen or
twenty ounces will be sufficient at first. If how-
ever symptoms should require it we should not hesi-



state, to repeat it.

After the lancet has been used to a sufficient extent we should next resort to the use of Mercury. I am not only supported by my own slight experience in the recommendation of this class of remedies in dysentery, but I have the support of the learned professor of the practice of physic in this University, with many others of high standing in the profession. Independent of their more warmant effect than induce a relaxation of the surface of the body which is of the greatest utility in this disease. In the summer of 1824 this disease prevailed to a considerable extent in Wilmington* and its vicinity. This mode of proceeding was found peculiarly beneficial by, my preceptor (Dr. A. McLane) whose independent in disease some of the professors of this school are fully acquainted with. And if I am permitted to use my slight experience I would say, this plan is the best to attack this formidable disease.



in order to arrest its progress and to pave the way for other remedies. It is now pretty generally admitted that the Ipecacuanha is the best remedy in this case. In the department of Wilmington it was used by Dr. McLane in combination with calomel, in order to evacuate the bowels as well as stomach, in the following proportions:

℞ Calomel — — — gr. x

Ipecacuanha — — — gr. xv. —

~~The~~ This was given at once in ^{the} progress of any kind, and always produced two or three evacuations from the stomach, but generally it was found necessary to resort to the use of Castor oil before the Calomel would operate on the bowels. The discharges from the stomach generally consisted of a thick,ropy, tenacious and glary mucous matter which always afforded considerable relief to the patient. The quantity of this matter discharged was almost incredible, amount



ing, in many instances to a pint and a half, and even a quart.

After having thus resorted to bleeding, and evacuations from the stomach and bowels, the attention was directed to the spasm and irritation which still existed. To overcome this the diaphoretics were called to aid. The principal of these used were the Lover's Powder at night and the following combination during the day:

Opia p. p. t. — ʒi or ʒj.

Calomel ——— gr. viij.

Hyoscinum ——— gr. v.

Opia ——— gr. ʒi.

The above ingredients were intimately mixed and divided into 81 or viij powders, according to the urgency of the case, and one given every 4 hours. If they produced sickness of stomach, which they sometimes done, half of one was given every two or three



When all other remedies failed, I resorted
 to the use of opium. I administered
 the decoction of opium as a drink. This plan of treatment most gen-
 erally subdued the disease. However sometimes it
 would not arrest it; the tormina and tenesmus were
 severe on the extreme: in fact all the symptoms
 were aggravated. There was then ordered a large
Blister over the abdomen; injections composed of,
 fresh butter or lard with a teaspoonful of lauda-
 num. If the butter or lard could not be procured, plain
 sweet tea with laudanum was substituted, and they
 were repeated every four hours. At the same time
 these remedies were used the combination above
 of chalk &c. was continued. This plan of treatment
 in almost every instance, procured a cure the most
 satisfactory, except that of it had not been a more judicious
 located in this way. not so did, which I consider a pretty
 strong argument in favor of its utility.



But other practitioners pursued a different course; some adhered to the old, and almost exploded doctrine of treating the disease with astringents, and their success proved the fallacy of their plan. I know one Physician who gave ℞ss of balsam three nights in succession, and then gave the sugar of Lead in very large doses. What success attended his practice I leave those who read this essay to judge.

I think, however, that all will admit the impropriety of the plan who strictly attend to the pathology of the disease. How do we find the vessels of the stomach? Do we not find them in a state of constriction? Undoubtedly we do. Are they not miserably affected with spasm? They are. Then I would ask, how is sugar of Lead to affect a cure under these circumstances? It cannot do it. But I would not be understood to say that sugar of Lead is not useful in any stage of the disease. Of its utility in the chronic form I am fully aware.



It is merely in the acute stage that I deprecate its use. Why should it not be judicious? Does not confine still close the already constricted vessels and thereby close the only outlet for the disease. I am therefore convinced that I shall have a majority in favour of the assertion, that the remedy in the acute stage is improper.

The use of Blisters has been strongly condemned by many practitioners in this disease, particularly when applied to the abdomen. They appear to place their opposition on the assertion that they are not beneficial in the ratio of the misery and distress they cause the patient. This assertion is certainly very incorrect, because the advantages derived from their use is very great, and the distress produced by them, very trifling. This consideration of convenience to the patient arises from a false humanity, and should not be countenanced by any one who



wishes his patient to do well. May, say, the
 leeches should be applied to the extremities. This
 may do in some slight cases; but it certainly will be
 admitted that the nearer they are applied to the
 seat of the disease the stronger will be the im-
 pression made. I therefore will now turn to as-
 sert, that we have no substitute for blisters to
 the abdomen, in this disease after the inflam-
 matory symptoms have been somewhat sub-
 sided.

To alluviate the hemorrhoids and te-
 nesmus when they are not violent; I have found
 a teaspoonful of Castor oil with five drops of Laud-
 anum given every hour or two, prove very ben-
 eficial. This procures a pretty free discharge
 from the bowels, and the laudanum eases the
 pain.

Spasmodica. This, some say
 has been long recommended by many prac-



litionary; but the mode of exhibiting pursued by
 Mr Beaupain of Europe is one of the boldest I have
 ever seen recommended. It consists in giving from
 a half to a full drachm with 30 to 60 drops of
 Laudanum confining the patient to a Hor-
 izontal position. I know not the degree of irrita-
 bility of the stomachs of those he practiced on, but
 I think if it was tried on the majority of patients
 in this country it would be rejected almost
 instantaneously. But if we could find a sto-
 mach that would bear such a dose I have
 no doubt it would prove of signal advantage,
 because it is now generally admitted that this
 remedy exerts an action *lucis generis*, independ-
 ent of its evacuant or diaphoretic properties.
 That this peculiar action is exerted is proved by the
 fact that other diaphoretics, equally as strong, in
 their peculia power, do not exert the same
 beneficial effects on the disease. It has also



been recommended to administer it in the form of infusion, but we have been led to believe that this preparation is entirely inert. Not having tried on man it is hard to do, and I do not feel free to say any thing as regards its efficacy or inefficacy in this mode of administration.

Opium has been strongly recommended, and I think after the inflammatory state of the bowels are somewhat subdued it is a remedy of considerable importance. It allays irritation, overcomes spasm of the bowels and by a determination to the surface it relieves the capillaries.

Warm Bath. This has also been highly recommended in this disease, but from the great inconvenience attending its use it is seldom resorted to. But when we have the means of exhibiting it we should by all means use them, as the advantage derived from it is very great. —



Channel Roller? It is a sub-

stitute for the warm bath this simple expedient
has been resorted to with considerable success. In
fact it possesses advantages over the bath. It im-
parts a warmth and at the same time gives sup-
port to the bowels, &c. In this respect it has
been looked upon as superior to the bath.

When dysentery assumes the Sty-
phus form of Gena we must direct our remedies
to the purging system. For this purpose we
order the sol: Alkal: - Muco - Campsha-
Wine &c. and we should combine with the use of
these ptomaine a nourishing diet as Lago-
Sapporoca - Rosor Root &c into which wine should
be poured. We should also allow wine whay for
a constant drink.

If all the remedies we have
enumerated fail we must resort to the use
of Mercury and if carried to the extent of Sal-



1.
vation are more solid than to disappoint in our
suspensions into which the bowel affection alle-
viates as soon as the mouth becomes affected.

Chronic Dysentery.

As yet I have said nothing in
respect to the chronic form of the disease, and
I think cannot do better than add Lord's Chap-
man's contents on the subject, and close with a
description of that form of it which occurred in
Birmingham in the summer of 1824. He
speaks of this form of dysentery as "in these
cases, though the acute symptoms be removed
there still remains considerable tenderness
of the bowels, which are frequently excited
to action, and by the slightest causes; pro-
ducing small evacuations, most commonly
consisting of mucus, and very offensive. Every
evacuation is attended with more or less tor-



mious, and which often becomes very painful. Little
 appetite, and what food is taken is not digested at all
 or very imperfectly. The skin is dry and parched, the
 complexion pallid, the eyes sunk, with a pinched
 and meagre expression of the face. Evidently there is
 here a great confinement of the blood to the large
 vessels, and on this account, the determination
 to the surface is considerably diminished. I have
 met with several instances, in the course of my
 practice which resisting the ordinary treatment
 with tonics have very rapidly recovered under the use
 of those means which are necessary to promote and
 keep up a gentle degree of perspiration. It is here
 also the flannel roller may be employed to
 advantage. When the disease is attended with vis-
 ceral obstruction, Mercury and the Nitric Acid
 must be employed. The Nitro Muriatic acid
 applied by fumigation, or given internally is at
 this crisis the best remedy."*

* Dr A. Chapman's Lecture.



There is a form of *Shoonia dysenterica* which followed the acute stage as it appeared in Wilmington, which comes so near the Colonies of the East Indies, I think it will not ^{be} amiss to say a few words on it; with the plan pursued for its cure.

The patient did not complain of much pain except when called to the Commode, then the tormina was considerable, and the discharges looked very much like the washings of beef, *Laterna barnicum*, being very fluid without much odor; the pulse was small and frequent; the skin hot and dry; the tongue somewhat furred, and of rather a bright colour, no appetite. At first the treatment was commenced with the Peruvian Bark, Poussade of four ℞. but finding no benefit from their use the following was ordered:—Lack. Lat. — gr: xij — Opii — gr: iij. These were intimately mixed and divided into xij powders

one of which was given three times a day. If the pain was violent Castor oil with Laudanum was given to open the bowels, and at night ʒ.ij of Epsom's Powder. Hence this treatment I do not know a single case that did not recover.

It has long been the practice to treat this form of the disease with tonics, and reasoning a priori we should suppose they would be beneficial, but in many cases we prove the contrary. By a late writer in the Medical and Physical journal the propriety of Iron was recommended in very strong terms, but the trials I gave it set me very much against it. If these remedies fail next resort to the use of Mercury in the action of which we are seldom disappointed. The flannel Roll I may add is here of great advantage and should always be used.

